

**Governor's Overdose Prevention and Intervention Task Force Meeting Minutes**  
September 14, 2016, Department of Administration

**Task Force Members Present or represented:**

A.T. Wall, DOC  
Anya Wallack, Medicaid  
Babara Goldner, LICSW  
Donna Policastro, RI Nurses Association  
Dr. Gary Bubly, Emergency Department representative  
Dr. James McDonald, RI Board of Medical Licensure and Discipline  
Dr. Kathleen Hittner, OHIC  
Dr. Matthew Collins, BCBS  
Dr. Nicole Alexander-Scott, DOH  
Jason Rhodes, DOH Emergency Medical Services  
Jef Bratberg, URI College of Pharmacy  
Michelle McKenzie, RICARES  
Mike Rizzi, CODAC, Harm Reduction Representative  
Nancy DeNuccio, Substance Abuse Prevention  
Peter Ragosta, RI Board of Pharmacy  
Rebecca Boss, BHDDH  
Susan Jacobsen, Health Equity Zones  
The Honorable Josh Miller, RI State Senate  
The Honorable Peter Kilmartin, Attorney General

Director Boss welcomed everyone and introduced Dr. Brandon Marshall from Brown School of Public Health to present on [www.PreventoverdoseRI.org](http://www.PreventoverdoseRI.org). Dr. Marshall explained that the Primary goal of the website is to provide a comprehensive drug overdose data resource for all Rhode Islanders. He presented examples of data displayed on site including a death data map and treatment resources map. The website also communicates emerging issues and promotes campaigns, for example fentanyl awareness raising. Dr. Marshall explained the website tracks progress on the Governor's strategic action plan. The website intentionally uses plain language and infographics to be accessible to all populations. He reviewed the data sharing agreement process, feedback process, and small numbers policy, all essential pieces to getting the website up and running.

Dr. Marshall said that the next steps are to improve mobile responsiveness, increase utilization, and host focus groups with active drug users. The website has had over 6,000 unique visitors since its launch on June 26, 2016. The Treatment page is the most visited page. He opened it up for questions.

Dr. Collins asked about the treatment options ordering. Could we order options to show what type is most effective (for example put MAT on top)? Mike Rizzi asked if Methadone clinics are included on Treatment map. Dr. Marshall confirmed that they are. Senator Miller asked about displaying real time availability of treatment capacity, specifically to support discharge planning at Emergency Departments. Dr. Marshall said

the website probably has the capacity, but he needs the data. Director Boss suggested he follow up with BHDDH to pursue because the agency does have access to some real time data. Barbara Goldner echoed the need for online tools to track real time availability of treatment services. She also emphasized that there is no evidence behind detox. Traci Cohen pointed out that detoxification is stabilization not necessarily 'treatment.' Mike Rizzi emphasized that every patient needs a comprehensive assessment. Jon Goyer said he has used the maps on the website and has found them to be very useful. He asked how realistic is it to incorporate type of insurance accepted. Dr. Marshall again said, the information can be included if it is shared in a standardized way with his webmaster.

Dr. Alexander Scott emphasized that treatment is the backbone of the strategic plan. She acknowledged BHDDH's leadership and announced that BHDDH was successful in receiving a grant to implement Centers of Excellences (CEOs). Director Boss said the CEOs grant begin start at Eleanor Slater Hospital with more to come. The grant is for \$1 million dollars per year for three years.

Director Boss introduced Dr. Steven Kogut and Dr. Hilary Aroke from the University of Rhode Island to present on the cost burden on opioid prescribing in RI in 2015. Their key findings included that in 2015, the cost of opioid prescribing was over \$50 million. The majority of the prescriptions were generic. Oxycodone was 55% of cost. Spending was highest in middle aged to older adults. More prescriptions were dispensed to females, but cost about the same for both sexes. Four hundred and nine (409) patients met the 5 pharmacy, 5 doctors, threshold and 62% of these patients had a benzodiazepine prescription. The researchers highlighted that there is opportunity for savings, particularly if we shift more to generics. A 25% reduction in opioid prescribing would lead to \$12 million per year in savings. They opened it up for questions

Dr. McDonald noted this cost does not include liquids, schedule 5 drugs, and all the indirect costs associated with opioid prescribing. Traci Cohen pointed out that there is no evidence that supports that opioids are effective for the treatment of chronic pain. Deterrent formulations are not safe and we should not promote them. Senator Miller suggested taxing manufacturers of prescription opioids and using revenue to provide treatment services to avoid a cost to consumer. The need to hold the pharmaceutical industry accountable was emphasized by other members of the public.

Dr. Alexander Scott introduced Dr. Yongwen Jiang, who presented on the 2005-2014 unintentional, overdose emergency department (ED), hospital, and death data. Trends are increasing in all three datasets. The 25-44 year old age group was most affected in all three data sets. Men are more likely to die and go to ED, but females are more likely to be hospitalized. Most patients live in sub-urban regions. Most of the deaths and ED visits were unintentional. 83% of ED patients were discharged home. 29 % of ED overdoses were a result of opioids. 18.5% of hospital discharges were opioids. The average cost of overdose ED visit is \$2,600 and hospital discharge is \$27,200. Dr. Jiang opened it up for questions.

There were questions on why are RI hospitals are sending people home who overdose from opioids, but admitting patients who at risk for self harm; even though the overdoses are categorized as 'unintentional,' the patients are still technically a harm to themselves. Traci Cohen brought up alcohol as a missing, but important piece of data. Senator Miller pointed out discrepancies in insurance coverage; there is automated coverage for suicide, but not for opioid use disorders. Dr. Green raised the issue of intentionality; it is hard to concretely define. She also asked how and when will fentanyl appear? At this time, EDs are not capturing fentanyl. This is an issue nationally. Barbara Goldner brought up the issue of labeling overdoses as "unintentional" places blame on patient; we should consider re-wording labels.

Director Boss announced Rally for Recovery on Saturday, September 17. The meeting was adjourned.